**PARENT/GUARDIAN CONSENT FOR**

 **MINOR VISIT AND/OR ESCORT**

Incarcerated individual:       DOC number:

**This form will not be completed by the incarcerated individual. Attach this completed form to DOC 20-181 Minor Visitor Application and/or DOC 21-415 Extended Family Visit Application/Acknowledgment. To update authorized escorts for an approved minor visitor, submit this completed form to** **dochqvisitunit@doc1.wa.gov****.**

A notarized signature from the legal authority is required to process the minor visitor form. I affirm that I have legal authority to make decisions on behalf of the minor(s) listed below. I understand that visits in Prison are likely contact visits, but may be no-contact visits.

|  |  |  |  |
| --- | --- | --- | --- |
| **Minor name** (print) | **Month and year of birth** | **Minor name** (print) | **Month and year of birth**  |
|       |       |       |       |
|       |       |       |       |
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As legal authority, I authorize the following individuals to escort the minor(s) listed on this form to visit the above named incarcerated individual.

Anyone who will be escorting the minor(s), including the minor(s) parents, must be listed on this form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Adult escort name** | **Month and year of birth**  | **Relationship****to minor** | **Adult escort name** | **Month and year of birth**  | **Relationship****to minor** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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| --- |
| **LEGAL AUTHORITY CONSENT** |

Sign in the presence of a Notary Public

 Legal authority name (print)

 Signature Date

I do swear either from personal knowledge or from satisfactory evidence, that the signature on this form is that of the person before me as named in this document.

SUBSCRIBED AND SWORN BEFORE ME THIS       OF

 Day Month, Year

*Notary seal is not required when submitted by Department of Children, Youth, and Families (DCYF) for a minor who is in the care of the State. The signature of the DCYF caseworker is required.*

 SEAL

 NOTARY PUBLIC signature

 Notary Public in and for the state of:

 County of:

 Name:

 My commission expires:

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.**

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